

<i>SERFF Tracking Number:</i>	<i>UNUM-125857676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40539</i>
<i>Company Tracking Number:</i>	<i>EN-1216 (9-08)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Long Term Care

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: UNUM-125857676 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: EN-1216 (9-08)

Co Status:

Author: Jay Burt

Date Submitted: 10/14/2008

State Tr Num: 40539

State Status: Filed-Closed

Reviewer(s): Marie Bennett

Disposition Date: 11/13/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/13/2008

State Status Changed: 11/13/2008

Corresponding Filing Tracking Number:

Filing Description:

October 14, 2008

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

JULIE BENAFIELD BOWMAN

COMMISSIONER OF INSURANCE

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

1200 WEST 3RD STREET

LITTLE ROCK AR 72201-1904

SERFF Tracking Number: UNUM-125857676 *State:* Arkansas
Filing Company: Unum Life Insurance Company of America *State Tracking Number:* 40539
Company Tracking Number: EN-1216 (9-08)
TOI: LTC03G Group Long Term Care *Sub-TOI:* LTC03G.001 Qualified
Product Name: Group Long Term Care
Project Name/Number: /

Re:

Unum Life Insurance Company of America, NAIC #565-62235

FEIN # 01-0278678 License #7700440

Group Long Term Care Advertising

Form Numbers: EN-1216 (9-08)

Dear Commissioner:

The enclosed form is submitted for your review and approval. This form is intended for presentation and description to the insurance-buying public and is designed to be used with Unum's Group Long Term Care products, GLTC04 and RGLTC04, marketed by Unum's subsidiary Unum Life Insurance Company of America. Policy forms GLTC04 and RGLTC04 were approved by your department on March 26, 2004.

Form No.: LTC-1216 (9-08)

Form Description: Who is in control of your future?

Form Type: Invitation to Inquire

Thank you for your attention to this filing. If you should have any questions, please feel free to write or contact me at 1-800-974-2266 X55738, via fax at 423-209-3499 or email jburt@unum.com.

Sincerely,

SERFF Tracking Number:	UNUM-125857676	State:	Arkansas
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TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care		
Project Name/Number:	/		

Jay K. Burt
Senior Contract Analyst
Unum Long Term Care Contracts, Filing & Compliance

Company and Contact

Filing Contact Information

Jay Burt, Senior Contract Analyst	jkburt@unum.com
2211 Congress Street	(207) 575-5738 [Phone]
Portland, ME 04122	(423) 209-3499[FAX]

Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	One Advertisement Form = \$25.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$25.00	10/14/2008	23171936

SERFF Tracking Number:	UNUM-125857676	State:	Arkansas
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TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	11/13/2008	11/13/2008

<i>SERFF Tracking Number:</i>	<i>UNUM-125857676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40539</i>
<i>Company Tracking Number:</i>	<i>EN-1216 (9-08)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/13/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125857676 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 40539
Company Tracking Number: EN-1216 (9-08)
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR NAIC Transmittal Form		Yes
Form	Long Term Care Pre-enrollment Postcard		Yes

SERFF Tracking Number:	UNUM-125857676	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	40539
Company Tracking Number:	EN-1216 (9-08)		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care		
Project Name/Number:	/		

Form Schedule

Lead Form Number: EN-1216 (9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EN-1216 (9-08)	Advertising	Long Term Care Pre-Initial enrollment Postcard				EN-1216 (9-08) Announcement Postcard (Pre-enrollment).pdf

Who is in control of your future?



Be prepared with long term care insurance from Unum.

This information is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Forms LTC03, RLTC03, GLTC04, or RGLTC04; in NY, refer to Policy Series LTC03, LTC03F, LTCP03, LTCP03F, LTCT03, LTCT03F, RLTC03, RLTC03F, RLTC03, RLTC03F, GLTC04, RGLTC04 or call your Unum representative.

Underwritten by:

Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402

Unum Life Insurance Company of America, 2211 Congress Street, Portland, ME 04122
In NY, underwritten by:

First Unum Life Insurance Company, 99 Park Avenue, 6th Floor, New York, NY 10016
unum.com

EN-1216 (9-08)

Long term care insurance can help cover the cost associated with home care, nursing home care or care in an assisted living facility.

Advantages of long term care insurance include:

- Attractive premiums
- Convenient payroll deduction
- You can take it with you if you leave the company
- You can extend the coverage to your parents

A benefit representative will be onsite from ____ to _____. Don't miss this opportunity to enroll.

Please make plans to meet with our enrollment counselor to determine if this insurance is right for you and your family.

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<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNUM-125857676	State:	Arkansas
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Company Tracking Number:	EN-1216 (9-08)		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	AR NAIC Transmittal Form	10/14/2008
Comments:		
Attachment:		
AR NAIC Transmittal Form.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	ARKANSAS				
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2.	Department Use Only					
	State Tracking ID					

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122	Maine		565	62235	01-0278678

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jay K. Burt Unum Life Ins. Co. of America 2211 Congress St. M456 Portland, ME 04122	800-974-2266 X55738	423-209-3572	jburt@unum.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain) : _____
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6.	Company Tracking Number	EN-1216 (9-08)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Long Term Care
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10.	Product Coding Matrix Filing Code	<u>LTC03G.001</u>
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11.	Submitted Documents	<p>✓ FORMS</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate</p> <p><input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement ✓ Advertising</p> <p><input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> RATES</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE:</p> <p>Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <p><input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization</p> <p><input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements</p> <p><input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications</p> <p><input type="checkbox"/> Actuarial Memorandum</p> <p><input type="checkbox"/> Other: _____</p>
12	Filing Submission Date	October 14, 2008
13	Filing Fee (If required)	<p>Amount <u>\$25.00</u> Check Date _____</p> <p>Retaliatory <input type="checkbox"/> Yes ✓ No Check Number _____</p>
14	Date of Domiciliary Approval	pending
15	Filing Description:	
	Advertising Filing Form # EN-1216 (9-08).	

16	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u>Jay K. Burt</u> Title <u>Senior Contract Analyst</u></p> <p>Signature <u></u> Date <u>October 14, 2008</u></p>		

18.	Form Filing Attachment	
This filing transmittal is part of company tracking number		EN-1216 (9-08)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	LTC Pre-enrollment Postcard	EN-1216 (9-08)	<input checked="" type="checkbox"/> Initial	
	Who is in control of your future		<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH FFA-1